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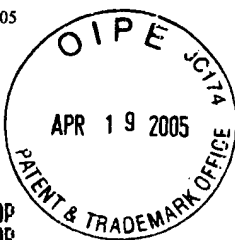
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21171 7590 02/11/2005

STAAS & HALSEY LLP
 SUITE 700
 1201 NEW YORK AVENUE, N.W.
 WASHINGTON, DC 20005

04/20/2005 SZEWDIE2 00000053 09818549

01 FC:1501 1400.00 OP
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/818,549	03/28/2001	Kohei Murao	1344.1064	9436

TITLE OF INVENTION: COMPUTER READABLE RECORDING MEDIUM RECORDED WITH DIAGNOSIS SUPPORTING PROGRAM, DIAGNOSIS SUPPORTING APPARATUS AND DIAGNOSIS SUPPORTING METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/11/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
KIM, CHONG R	2623	382-128000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Staas & Halsey LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Fujitsu Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kawasaki, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-3935 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

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